

CEQA Transmittal Memorandum

Attach one transmittal memorandum to the front of the original CEQA document. Clip copies in back.

- 1) If notice requires F&W receipt, you must provide a minimum of 3 copies of the document.
- 2) If notice does not require F&W receipt, you must provide a minimum of 2 copies of the document.

TYPE OR PRINT CLEARLY

LEAD AGENCY City of Maricopa

PROJECT TITLE Maricopa City Park Expansion Project

PROJECT APPLICANT Eric Ziegler (City Administrator)

PHONE NUMBER (661) 333-3113

PROJECT APPLICANT ADDRESS 400 California St

CITY Maricopa STATE CA ZIP CODE 93252

WORK ORDER # _____ 30-Day Posting 35-Day Posting 45-Day Posting Other _____

CONTACT PERSON Ramon H Pantoja PHONE NUMBER (661) 558-4641

CHECK DOCUMENT BEING FILED:

- Notice of Availability.....No Fee
- Notice of Intent.....No Fee
- Notice of Preparation.....No Fee
- Notice of Public Hearing.....No Fee
- Other _____.....No Fee
- Environmental Impact Report (EIR).....\$3271.00
 - Previously paid F&W (**must attach F&W receipt**) F&W Receipt Number# _____
 - DFG No Effect Determination (**F&W letter must be attached**).....No Fee
 - County Administrative Fee.....\$50.00
- Mitigated Negative Declaration or Negative Declaration.....\$2354.75
 - Previously paid F&W (**must attach F&W receipt**) F&W Receipt Number# _____
 - DFG No Effect Determination (**F&W letter must be attached**).....No Fee
 - County Administrative Fee.....\$50.00
- Notice of Exemption.....No Fee
 - County Administrative Fee.....\$50.00

TOTAL \$ 50.00

*Additional copies to be returned to: _____

*Method of return: Hold for pick-up/Call # _____ Interoffice Mail

PAYMENT METHOD: ALL APPLICABLE FEES MUST BE PAID AT THE TIME OF FILING

- Cash/Money Order JV - Trans Code _____ Dept _____ Fund _____ Expense Key _____
- Check
- Credit Card

To: Office of Planning and Research
PO Box 3044, 1400 Tenth Street, Room 212
Sacramento, CA 95812-3044

From: (Public Agency) _____

County Clerk
County of _____

(Address)

Project Title: _____

Project Location - Specific:

Project Location – City: _____ Project Location – County: _____

Description of Project:

Name of Public Agency Approving Project: _____

Name of Person or Agency Carrying Out Project: _____

Exempt Status: (check one)

- Ministerial (Sec. 21080(b)(1); 15268);
- Declared Emergency (Sec. 21080(b)(3); 15269(a));
- Emergency Project (Sec. 21080(b)(4); 15269(b)(c));
- Categorical Exemption. State type and section number: _____
- Statutory Exemptions. State code number: _____

Reasons why project is exempt:

Lead Agency

Contact Person: _____ Area Code/Telephone/Extension: _____

If filed by applicant:

1. Attach certified document of exemption finding.
2. Has a Notice of Exemption been filed by the public agency approving the project? Yes No

Signature: _____ Date: _____ Title: _____

Signed by Lead Agency

Date received for filing : _____

Signed by Applicant